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Melancholia with Stupor.

BY

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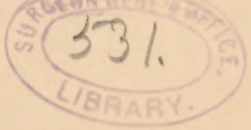
THE following cases represent the chief varieties of melancholia. The division into the types mentioned is an arbitrary one, as indeed is the classification of insanity in general. It is believed to be the simplest and best. It follows the degree of mental depression more than any other feature. It is not my intention to enter into the questions of etiology or pathology. I simply wish to record an accurate "history" of the cases. These types shade into each other, and cases of one type frequently change their characteristics to those of another. I have tried to avoid much of the obscurity attending minute subdivisions, such as the melancholia religiosa of the Germans and the many forms of suicidal and homicidal melancholia. Any of these types may be associated with destructive tendencies to patients themselves or other persons. These cases do not come into the border-lines on the one side of simple emotional depression and analogous states, such as nostalgia and hypochondria, nor on



the other of maniacal excitement. The patients all have the one essential character of "passive suffering, of being controlled and overpowered," and the hallucinations and delusions all have the impress of painful emotional perversion.

CASE I. *Melancholia with imperative suicidal impulses.*—J. S. F., white, sixty-six years of age, a native of Wales, married; is a housekeeper by occupation. The woman is of medium size, the shoulders are stooped, the head of good size and shape, the hair white, the face round, but showing her years. The eyes are dark; there are no irido-motor anomalies; there is marked arcus senilis in both eyes; the tongue is coated and tremulous; the teeth poor and loose from recession of the gums; the ears are large, the hearing normal; the chest is hyper-resonant anteriorly; the breath sounds roughened, and expiration is slightly prolonged; the second sound of the heart has the accentuated interval between the sounds marked. The circulation is sluggish; the hands and feet cold, and the skin mottled. The abdominal organs show no signs of disease. The legs are not deformed, though the right ankle is enlarged from a Pott's fracture, the result of an attempt at suicide by jumping from a window. The joint is still stiff, and walking is painful. The reflexes are increased; sensation seems diminished.

The history is, in brief, that after a short period of great depression, during which time she was mute, she attempted suicide by jumping from a window. She had had severe pain in her head for almost three years, and commenced to fear that her mind was becoming affected. She asked her sons to send her to an insane asylum, thinking that there something could be done for her. At that time she says her

memory was good, but now she thinks she has lost it entirely. Her attention is sustained, and she is coherent. Her expression is sad and downcast. Three months later she attempted suicide by opening a vein in her arm with a table-knife. The hemorrhage was quite considerable. She was discovered when already unconscious, and the bleeding was checked.

Two months later she attempted suicide by taking "Rough on Rats," but was again saved. She was now closely watched, but one month afterward she tried to kill herself by eating a lot of pins. It is not known how many pins she swallowed, but she passed them in her stools for several days. She seemed to suffer no especial pain from this attempt, and certainly had no serious symptoms.

The woman is voluble and anxious to tell all her troubles. Her manner is respectful, and her attention is only fairly well sustained. She says she is very stupid and useless, and that is why she worries. Her memory has left her of late, and she feels so stupid that she cannot tell whether her arms are clean or not. She is worried because she cannot take care of herself, although really she is very neat and clean. She has no decided delusions of persecution, but thinks some people may have put "a spell" on her. She has no hypnagogic delusions. She says there is no further use in trying to commit suicide, because she cannot accomplish it. She is too stupid even for that. She knows it is wrong to try to kill herself, and usually does not have any such thoughts. At times, however, she says it all comes over her so powerfully that she is driven to it, and cannot resist the impulse. It was in consequence of such imperative impulses that she tried to commit suicide. She is sure she is crazy. She knows it, because she has noticed how her memory

is failing, and how stupid she is becoming. So stupid she says she is that she is not competent to take care of herself or even keep herself clean. She says that when she first began to believe that she was crazy she was quiet, and did not wish to talk to anybody. She locked herself up in her house because it was dirty, and she was too stupid to keep the house clean, and she did not want the neighbors to see it. Sometimes she did not think it was so very dirty, but then she was too stupid to know. She is glad to see her friends, but is greatly troubled because she has lost all love for her sons. This

FIG. 1.

distresses her greatly. She knows she should love them, but when they come to see her she feels like a tiger, and could kill them. She knows she should not treat them so, but cannot help herself, and worries greatly in consequence. She says they have always been dutiful sons and good to her. She

asks most appealingly for medicine to help her, and she wants to know whether she can ever be well again, and smiles sadly when told she is improving. The photograph herewith reproduced (Fig. 1) is a good one of her attitude and expression, and also makes a good picture of the general type of depressed mental conditions. Her condition has remained stationary.

CASE II. *Melancholia attonita.*—C. B., thirty-three years old, white, married, a native of Germany, by occupation a domestic, first came under my observation in 1892. Her history previously to that time is embodied in this report. She is of medium height, fairly well nourished, the skin, hair, and eyes dark. There is enlargement of the thyroid gland, slight upon the right side and well-marked on the left. The left shoulder is drawn up, the right depressed; there is a well-marked depression in the supra-clavicular and infra-clavicular spaces. Both saphenæ in both legs are varicose. The patellar reflexes are slightly exaggerated; there is no ankle-clonus. The viscera are normal, the ears and hearing normal, the pupils equal, and respond to light and in accommodation. The cranium is of good shape. The cranial measurements are as follows: Occipito-frontal circumference, 55 cm.; vertico-mental circumference, 57.25 cm.; Binauricular semi-circumference, 32.50 cm.

The family history, so far as mental disease is concerned, is negative. Her father and mother both died of pulmonary tuberculosis. The woman's previous history is that eight months previously she consulted a fortune-teller, and that immediately after she became profoundly depressed. She was incoherent, and would wring her hands as if in great distress. Her delusions were of a religious nature, and on several occasions she became violent. Shortly after this she became very quiet, and would not

speak of her troubles. In consequence very little of any importance bearing on her mental condition could be gleaned from her. She complained of headache, was losing flesh, and was in constant dread of robbers.

On admission she was very reticent. She seemed to know where she was going, and came into the ward with great reluctance. She refused to eat, but was finally induced to take a cup of milk. She was quite docile. She speaks only in German, but understands what is said to her. She gave no indications of violence, and assisted in dressing and undressing herself. Within a few days she refused the liquid food, which had been given her under strong pressure. She asked for water, and when it was given her she said it was poisoned. She also said there was chloroform in her milk. Since that time she has been absolutely mute, refuses food, is irritable, and refuses every attention. On April 5th examination of her urine showed a specific gravity of 1018, with albumin, but no casts present. The total amount was 590 c.cm. Mechanical feeding was now begun. She resisted feeding at first, but afterward became apathetic in that respect also. On July 27th she had developed considerable palpebral and pretibial edema. The urine decreased in amount, and a small quantity of albumin was present. Infusion of digitalis, 30 c.cm., was given hot with her food. On August 22d pelvic examination was made under complete anesthesia. The heart was feeble at first, but improved with the ether. There were no lesions of the vulva or perineum. There was an extensive laceration of the cervix, extending to the vaginal vault on the right side. The uterus was low, retroverted, and pulled to the right. The right ovary seemed increased, and the left apparently normal in size. The abdominal veins were distended. She was still being fed twice

daily. Her manner and expression were pitiful in the extreme. She would stand many hours without the least motion, her chin resting on her sternum.

FIG. 2.

In consequence of the constant retention of this attitude her nucha is permanently stretched. She is absolutely mute, and when moved about she cries quietly. She will not notice her husband or child when they visit her, but is mute even to them. (Fig. 2.) She is not in a condition of stupor, but of profound depression. Her special senses

are acute, and she attends to many of her little wants.

This woman eventually recovered, and up to the present writing has not relapsed. The cure seems due to the effect of the digitalis. Its diuretic action was marked, and with increase of urine her mental condition began to clear up. She began by speaking to her little girl once or twice, and later, after nine months' use of the feeding-tube, she began to eat. After this her return to health was slow but constant. She left entirely well, and went to her duties with her husband and child. After her recovery she was very reticent about her past mental state, but she spoke to one of the nurses of delusions and hallucinations horrible in the extreme. The duration of the disease was about twenty months.

The most remarkable feature about this case, apart from the recovery after so severe an attack of mental disease, is the length of time of artificial feeding. For nine months, the longest time within my experience, every particle of food or drink was fed through the tube. The tube was inserted through the nostril and passed well into the stomach. She was fed twice daily, and received at each feeding but one-and-one-half pints of milk and three eggs. The milk was heated to a proper temperature, and the eggs previously beaten up with it. On this diet the patient retained her nourishment, and suffered no digestive disturbance. She passed through a severe endemic of dysentery in the house without being affected.

CASE III. *Melancholia agitata, with delusions of double personality.*—M. C., thirty-five years of age, born in Illinois, single, a domestic by occupation, is of average height, well formed and well nourished. The pupils are regular, and respond to light and in accommodation. The tongue is smooth

and pale. She bears no scars or marks of disease or violence. Her pulse is full and regular, and its rate slow. The thorax and abdomen are normal. The patellar reflexes were not well taken.

There is no history of a tuberculous or carcinomatous taint in her family. None of her relatives has been insane, and there is no history of a neurotic tendency. The present illness began a year-and a-half ago with hallucinations of sound. No cause was assigned as exciting them, and her physical health is said to have been good. She was in great fear of murderers, from whom she would hide in closets, or run screaming to the street. She also thought she was blamed for killing her cousin. She was wakeful from the noise of the voices that she heard constantly about her accusing her of great sins. Lately they threatened to kill her, as they had already killed her mother and brother. At this time her manner was quiet, self-absorbed, and she was extremely depressed. Once during the last six months she took off her clothes. This was in obedience to voices she heard saying she was to be killed, and that she should prepare herself for it. She was very much ashamed that she had undressed herself. The hallucinations of sound were constant. Her physical condition remained good.

This condition persisted for eighteen months, when she rather suddenly developed the agitated form of melancholia. Since this time she has been in that condition, now about six months. Her emotional excitement and terror seem to be excessive, and her agitation is extreme. She paces the floor, wringing her hands and weeping, tears her hair, and often becomes incoherent. Her delusions and hallucinations are fixed and constant. Her attention is not sustained, and when questioned she constantly interrupts her story to talk to the ever-present voices. She says this is a place of punish-

ment for her, and that she is put here for the terrible crimes she has committed. She must stay here until these are expiated and her enemies are satisfied. She has most painful and harrowing unsystematized delusions of persecution. Her memory for both recent and remote events, but more especially the former, is very much impaired. Her manner has changed, and from being a quiet, well-spoken woman, she has become exceedingly profane.

She has a well-marked delusion of double personality. She conceives herself as being two beings, and it is the privilege of the one continually to reprove and lecture the other. She carries on lengthy arguments with herself, and often comes to blows with herself over them. She tells her tale to her other self, and expects from this other a full measure of sympathy. The greatest reproach one personality can bestow on the other is to call it "crazy." Sometimes she carries on both sides of the conversation, and again she only enunciates one side of it, and the whole sounds like the half of a telephone conversation. She ended the examination rather abruptly. She became very much excited, and then followed this monologue:

"Mary, by God, you are a fool."

"I know it," sullenly.

"Mary, by God, if I were you I would not tell him any more."

"I won't," then turning to me, the second person being represented, she sullenly said—

"I won't tell you a damned thing more."

Case IV. *Melancholia with stupor*.—A. D., forty years of age, white, a native of Ireland, married, a domestic by occupation, has had one child, which was stillborn after a hard labor and by instrumental delivery. The woman is tall and intelligent-looking, has black hair, streaked with gray, gray eyes, the head of round type, and well-propor-

tioned. The head-measurements are as follows: Occipito-frontal circumference, 55.75 cm.; vertico-mental circumference, 61 cm.; binauricular semi-circumference, 38.25 cm. The attention is not well sustained on account of her constant fright. Her movements are co-ordinate, and the gestures appropriate. Her heart and lungs are normal. There is a fine fibrillary tremor of the lips, tongue, and fingers. There are no irido-motor anomalies; the pupils are equal, and respond to light and in accommodation. The patellar reflexes are spastic. Three brothers of this patient died as dements. The immediate cause of death in two of them was the progressive physical deterioration attending the disease, "marasmus." The third died of pulmonary tuberculosis, and another brother also died of the same disease. There is said to be no insanity in the generation immediately preceding, but a marked neuropathic tendency in the second generation back, in which there were epilepsy and insanity. The duration of this woman's insanity has been two years.

The patient was brought in very much excited, and apparently in abject terror, begging the nurse not to lock her up. She had a crucifix in her hand, to which she clung desperately. At first, in her extreme agitation, she would allow of no physical examination. In a little while she quieted down. At this stage of the examination her memory seems fairly good. Her attention is not well sustained on account of the constant fright. She herself dates her trouble from many years back, when, she says, she was drugged while living out at service. She implies rather than says that she was drugged for evil purposes by some men. Since that time, she says, she has been constantly pursued by them. They follow her wherever she goes and completely terrorize her. She does not attempt to systematize

her delusions, and can give no reasons why she is afraid of them, since they have never harmed her, but she answers all questions with, "Oh, I am afraid." She was constantly afraid these men would come in at night. At intervals in the examination she became extremely agitated, and begged most pitifully not to let the men hurt her. At such times she gasps, and makes convulsive clutches over the precordial region, and her heart beats rapidly and tumultuously with intermitting rhythm. This "precordial fright" (Spitzka) seems to be a constant accompaniment of her paroxysms of terror, and is severe. She says her enemies are many men, but cannot tell whether they are the same men, because she never looks at them. She is afraid they will kill her. When questioned about the drugging she gives no reason for it, and again implies an evil motive. She says that she was only drugged once that she "knows of." She constantly kept her husband with her for fear that he would be arrested; she also feared that some vague, ill-defined harm was coming to him. She convulsively clutches her crucifix and keeps it constantly with her, as she thinks it will protect her from her foes. She says she does not sleep well on account of the men. The last few nights she has been in constant terror; has been awake all night. She saw the men, and heard them talking outside her room.

In the six months following this first observation her condition changed considerably. Her agitation gave way to stupor. She would sit around day after day in an apparently dazed condition. (Fig. 3.) She seemed almost to be living in another sphere, and to be almost completely unconscious of her surroundings. She would not move unless driven by the most urgent physical necessity. She is failing both physically and mentally. The tremor has become coarser and more pronounced. All her special senses seem

blunted, and at times almost suspended. She is not absolutely mute, and from the little that can be gleaned from her it is quite apparent that her memory, especially for recent events, has become markedly enfeebled. Although failing bodily, careful examination reveals no disease of heart, lungs, or kidneys. Her handwriting shows the effect of the tremor of her fingers.

FIG 3.

I saw this patient again one year later. At this time she was greatly emaciated and bedridden. She had then well-marked pulmonary tuberculosis. Both apices were consolidated, and there was a small cavity in the upper part of the right lung. She was unconscious most of the time, and when

not so complained greatly of headache. For three weeks she had been subject to cataleptic manifestations, and for three days at the time I saw her she continued in this condition. The muscles were of waxy or "lead-pipe" rigidity, and any position was maintained for hours. She had deteriorated to a marked degree, and was then far advanced in terminal dementia. She died a few weeks later. No autopsy was held. The duration of the disease was three years and seven months.